



Claim form for Motor Vehicle
(TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

INFORMATION ABOUT INSURED : POLICY / COVER NOTE NO. CLAIM NO.
Name
Correspondence Address
District Pin
Res. Tel. No. Off. Tel. No.
Fax No. (Mobile Number & Email ID is essential for the Insurer to keep the customer informed about claim process)
Mobile E Mail Id

Age of the Owner
Sex of Owner Male Female
Occupation Service Business Profession (Please Specify)
No. of members there in your Family < 2 2-4 4-8 > 8
How many of them are above 18 < 2 2-4 4-8 > 8
How many of them drive the vehicle
How many vehicle do you have 1 2 3 4 5 >5 (Please Specify)
Average kms run in a year <5000 5000-10000 10000-20000 >20000
Usage Personal Business (within city) Business (outside city)
How many times you claimed in last 2 years none 1 2 3 or more
Who was driving during accident Owner Spouse Son Daughter Chauffer Other
Age of the Driver Sex of the Driver Male Female
Hypothecation Yes No
Safety devices in the Vehicle None Gear Lock Gear Lock & tracking device Anti theft device
Commercial Vehicle :
Purpose of vehicle Replacement New Business Opt. Purchase vs Hire
Purview of operation Local Interstate National Permit
No. of Years in Trade New 1-5 Years > 5 Years
Years of Experience of Driver New < 2 years > 2 & < 5 years >5 Years
Nature of Business Seasonal Non Seasonal
Usage of Vehicle Captive usage Market Load Contract

INFORMATION ABOUT INSURED VEHICLE :
Registration No. Make Model
Date of Registration Mileage kms
Chassis No. Engine No.
Class of Vehicle Private Commercial Two Wheeler
Hypothecation/ Hire purchase agreement

DETAILS ABOUT THE DRIVER (At time of accident)
Name
Correspondence Address
Driver is Owner Paid driver Relative/Friend If paid driver, how long has he been in your employment ? yrs
Was he under the influence of intoxicating liquor or drugs? Yes No
Driving license number Issuing authority
Date of expiry
Driving license type HGV LCV LMV Motor Cycle Scooter without Gear
Details of endorsements, suspension if any
Was the license temporary? Yes No Details of endorsements, suspension if any

DETAILS OF ACCIDENT :
Date Time am/pm
Exact location of accident (Address/Spot of Accident with landmark)
Give brief description of the accident
Was any third party responsible/liable for the accident ? Yes No
If yes, please provide a copy of FIR Details

